

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT** ▼Example: If typing, type
over the linesNational Association of Insurance and Financial Advisors Political Action Commit-
tee

ADDRESS (number and street) ▼

2901 Telestar Court

☐Check if different
than previously
reported. (ACC)

Falls Church

VA

22042

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00005249

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

☐☐☐in the
State of☐(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

04

01

2007

through

04

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Peter C. Browne

Signature of Treasurer

Electronically Filed by Peter C. Browne

Date

05

16

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		138478.22
(b) Cash on Hand at Beginning of Reporting Period	96654.36	
(c) Total Receipts (from Line 19)	71460.75	288922.49
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	168115.11	427400.71
7. Total Disbursements (from Line 31)	44572.52	303858.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	123542.59	123542.59
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	61613.07	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 7

To:

M M
0 4D D
3 0Y Y Y Y
2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	18093.95	58650.70
(i) Itemized (use Schedule A)		
(ii) Unitemized	53366.80	230271.79
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	71460.75	288922.49
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	71460.75	288922.49
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	71460.75	288922.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	71460.75	288922.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	538.52	68182.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	538.52	68182.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43000.00	234500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1034.00	1175.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	1034.00	1175.50
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	44572.52	303858.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	44572.52	303858.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	71460.75	288922.49
34. Total Contribution Refunds (from Line 28(d))	1034.00	1175.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70426.75	287746.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	538.52	68182.62
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	538.52	68182.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Michael J. Ables, LUTCF

Mailing Address PO Box 2205

City State Zip Code
 Avila Beach CA 93424-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1673857

Amount of Each Receipt this Period

105.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Paul Adams

Mailing Address 5101 Missy Maric Lane

City State Zip Code
 Las Vegas NV 89130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1671370

Amount of Each Receipt this Period

72.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. William C. Anderson, LUTCF

Mailing Address 205 Whippoorwill Lane

City State Zip Code
 Altamonte Spgs FL 32701-7827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674874

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

202.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. William C. Anderson, LUTCF
Mailing Address 205 Whippoorwill Lane

City State Zip Code
Altamonte Spgs FL 32701-7827

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: R1675484

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Thom E. Beasley
Mailing Address 1103 Dove Rd.

City State Zip Code
Jonesboro AR 72401-5270

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1673963

Amount of Each Receipt this Period

81.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Kent A. Bennett
Mailing Address 280 Hollow Road

City State Zip Code
Muncy PA 17756-5789

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674897

Amount of Each Receipt this Period

87.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

418.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. David B. Bianchi, CLU

Mailing Address 1125 Beldon Way

City State Zip Code
Reno NV 89503-3164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674089

Amount of Each Receipt this Period

60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. John P. Border, LUTCF, LTCP

Mailing Address 309 Truxtun Avenue

City State Zip Code
Bakersfield CA 93301-5313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1675113

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Ronald D. Brant, CLU, LUTCF

Mailing Address 10234 Hoffman

City State Zip Code
Maybee MI 48159-9777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674633

Amount of Each Receipt this Period

208.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

518.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Ronald D. Brant, CLU, LUTCF

Mailing Address 10234 Hoffman

City State Zip Code
Maybee MI 48159-9777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 7

Transaction ID: R1675081

Amount of Each Receipt this Period

50.00

Check

B. Full Name (Last, First, Middle Initial)

Ms. Lisa M. Broadbent-DiOssi, LUTCF

Mailing Address 20 Polly Drummond Hill Rd.

City State Zip Code
Newark DE 19711-5703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: R1675487

Amount of Each Receipt this Period

500.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Mr. C. Robert Brown, Sr., CLU, L

Mailing Address 8675 WestCott

City State Zip Code
Germantown TN 38138-7738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1672677

Amount of Each Receipt this Period

62.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

612.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Michael O. Brown, LUTC

Mailing Address 6512 Nell 3

City State Zip Code
 Edmond OK 73013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674393

Amount of Each Receipt this Period

60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Thomas K. Brueckner, MDRT

Mailing Address 16 Duck Pond Lane

City State Zip Code
 Nashua NH 03060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 7

Transaction ID: R1675076

Amount of Each Receipt this Period

500.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. James A. Buchan, CLU, ChFC

Mailing Address 5716 W. Orlando Circle

City State Zip Code
 Broken Arrow OK 74011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674103

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 55

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Alexander A. Chernoff

Mailing Address 351 Ridge Lane

City State Zip Code
 Mill Neck NY 11765-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 2 / 2 0 0 7

Transaction ID: R1674924

Amount of Each Receipt this Period

500.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Thomas R. Clark, CLU, ChFC

Mailing Address 1603 22nd St Ste 202

City State Zip Code
 West Des Moines IA 50266-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674382

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Ms. Dawn A. Coleman-Hyman

Mailing Address 2505 E 7th St

City State Zip Code
 Long Beach CA 90804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 3 / 2 0 0 7

Transaction ID: R1674978

Amount of Each Receipt this Period

500.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

1060.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Michael E. Curry, CLU, CEBS

Mailing Address 1270 Clubhouse Dr

City State Zip Code
Pasadena CA 91105-2729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 7

Transaction ID: R1675503

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Mr. Vincent M. D'Addona, CLU, ChFC

Mailing Address 141 Greenway Road

City State Zip Code
Lido Beach NY 11561-4828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674519

Amount of Each Receipt this Period

85.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Ms. Jeri K. D'Lugin, JD, CLU, AEP

Mailing Address 201 Staunton Drive

City State Zip Code
Greensboro NC 27410-6066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 7

Transaction ID: R1674971

Amount of Each Receipt this Period

275.00

Check

SUBTOTAL of Receipts This Page (optional)

610.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John A. Davidson, LUTCF, FSS

Mailing Address 1497 Rancho Lane

City State Zip Code
 Thousand Oaks CA 91362

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674504

Amount of Each Receipt this Period

105.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. William James DeBruin, LUTCF

Mailing Address 106 Edgewood Ln

City State Zip Code
 Combined Locks WI 54113

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674040

Amount of Each Receipt this Period

72.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. James F. DeLay, CLU, ChFC

Mailing Address 9432 Preston Trail West

City State Zip Code
 Ponte Vedra Beach FL 32082

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1675123

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

677.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Paul R. Decker, CLU, ChFC

Mailing Address Box 1832

City

Idaho Falls

State

ID

Zip Code

83403-1832

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674654

Amount of Each Receipt this Period

50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Sol Edelstein, LUTCF

Mailing Address 2706 Avenue N

City

Brooklyn

State

NY

Zip Code

11210-5319

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: R1675495

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Mr. Donald A. Eichelberger

Mailing Address 3217 Highway D65

City

Dysart

State

IA

Zip Code

52224-9750

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674824

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

350.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. M. Jay Einstein, CLU
Mailing Address 59 Margarete Dr.

City State Zip Code
Pittsgrove NJ 08318-3015

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674235

Amount of Each Receipt this Period

72.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Scott Engell, LUTCF
Mailing Address 757 Armadillo Drive

City State Zip Code
Deltona FL 32725-2651

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 7

Transaction ID: R1675470

Amount of Each Receipt this Period

75.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Byron Hyatt Erstad, Jr.
Mailing Address 2510 S Nantucket Way

City State Zip Code
Boise ID 83706-5095

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674379

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

197.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Robert H. Fitzsimmons, CFP

Mailing Address 6421 Shenandoah Dr.

City State Zip Code
 Lincoln NE 68510-4152

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 2 / 2 0 0 7

Transaction ID: R1674935

Amount of Each Receipt this Period

300.00

Check

Full Name (Last, First, Middle Initial)

B. Mr. John E. Fleming

Mailing Address 108 Stratford Court

City State Zip Code
 Hollidaysburg PA 16648

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 9 / 2 0 0 7

Transaction ID: R1675011

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

C. Ms. Sherry L. Flint

Mailing Address 4155 Via Candidic #36

City State Zip Code
 San Diego CA 92130

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 3 / 2 0 0 7

Transaction ID: R1674947

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. H. Larry Fortenberry, CPA, CLU, Ch

Mailing Address 603 Gordon Pl

City State Zip Code
 Madison MS 39110-9799

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674256

Amount of Each Receipt this Period

52.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Lawrence J. Fowler, Jr.

Mailing Address 481 Route 82

City State Zip Code
 Oakdale CT 06370-1149

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674274

Amount of Each Receipt this Period

110.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Thomas E. Fowler, CLU, LUTCF

Mailing Address 13243 S.E. 51st Place

City State Zip Code
 Bellevue WA 98006

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674038

Amount of Each Receipt this Period

107.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 55

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Peter Fulchiron, CLU, LUTCF
Mailing Address 411 San Andreas Drive

City State Zip Code
Novato CA 94945-1237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674905

Amount of Each Receipt this Period

208.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Thomas M. Hawco, CLU, ChFC
Mailing Address 900 Rockhurst Drive

City State Zip Code
Lincoln NE 68510-4114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674525

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Terry K. Headley, LUTCF, LIC
Mailing Address 20704 Meadow Ridge Dr

City State Zip Code
Springfield NE 68059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1672900

Amount of Each Receipt this Period

208.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

458.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 55

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Albert E. Heiles, Jr.

Mailing Address 206 Summit Circle

City State Zip Code
Gibsonia PA 15044

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: R1675492

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Mr. Robert J. Hollander, LUTCF

Mailing Address 904 Rockhurst Dr.

City State Zip Code
Lincoln NE 68510-4114

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1673454

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Richard L. Hoover, LUTCF, RIA

Mailing Address 2920 S. Jones Blvd., #110

City State Zip Code
Las Vegas NV 89146

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1673416

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

415.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. April L. Howard
Mailing Address 3386 Williamsburg

City State Zip Code
Boise ID 83706-5320

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1673978

Amount of Each Receipt this Period

57.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Carl Jim Hughes, CLU, LUTCF
Mailing Address 17244 S.W. 112 Place

City State Zip Code
Miami FL 33157

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 7

Transaction ID: R1675376

Amount of Each Receipt this Period

500.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Jerry E. Jensen, LUTCF
Mailing Address 190 So. 800 W.

City State Zip Code
Blackfoot ID 83221-6132

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1673177

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

607.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Terry M. Kaltenbach, CLU, ChFC

Mailing Address 1358 Ahlrich Ave

City State Zip Code
Encintas CA 92024-4029

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674070

Amount of Each Receipt this Period

125.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Michael L. Kerley, JD

Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 7

Transaction ID: R1675176

Amount of Each Receipt this Period

52.25

Check

C. Full Name (Last, First, Middle Initial)

Mr. Michael L. Kerley, JD

Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 7

Transaction ID: R1675180

Amount of Each Receipt this Period

52.25

Check

SUBTOTAL of Receipts This Page (optional)

229.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Michael L. Kerley, JD
Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 7

Transaction ID: R1675191

Amount of Each Receipt this Period

52.25

Check

B. Full Name (Last, First, Middle Initial)
Mr. Roy W. Kern, LUTCF, CLTC
Mailing Address 3775 West Randall Road

City State Zip Code
Springfield MO 65810

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674635

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Rhett A. King, LUTCF, CLT
Mailing Address Box 141

City State Zip Code
Brockport NY 14420-0141

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: R1675341

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

362.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David G. Klemisch, LUTCF
Mailing Address 2801 26th Ave SW

City State Zip Code
 Fargo ND 58103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1673410

Amount of Each Receipt this Period

51.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Kenneth E. Knox, CLU, ChFC
Mailing Address Unit 9, 10 East St

City State Zip Code
 Providence RI 02906-3069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674326

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Lance B. Kolbet, RHU, LUTCF
Mailing Address 4632 Mountain Park Rd.

City State Zip Code
 Pocatello ID 83202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674453

Amount of Each Receipt this Period

126.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

227.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David M. Koll, LUTCF
Mailing Address 1612 S. 152nd Street

City State Zip Code
Omaha NE 68144-5121

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1673877

Amount of Each Receipt this Period

105.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Richard A. Koob, CLU, ChFC,
Mailing Address 301 Frederick Street

City State Zip Code
Waukesha WI 53186-8116

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674113

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Iris H. Kuwaye
Mailing Address 9 Lei St.

City State Zip Code
Hilo HI 96720-4202

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1675126

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

655.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Thomas R. Laster, RHU
Mailing Address 1713 Elmhurst Ave

City State Zip Code
Nichols Hills OK 73120

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674761

Amount of Each Receipt this Period

50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Daniel L. Lawrence
Mailing Address 5553 Peters Drive

City State Zip Code
West Bend WI 53095

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1673172

Amount of Each Receipt this Period

51.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Mark A. Lilliedahl, CLU, ChFC
Mailing Address 11 Pequot Dr

City State Zip Code
Norwalk CT 06855-1608

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 7

Transaction ID: R1675075

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

351.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 55

(check only one)

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Robert E. Long, Jr.

Mailing Address 208 Irving Place

City Greensboro State NC Zip Code 27408-6510

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: R1675323

Amount of Each Receipt this Period

550.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Lawrence E. Lounds

Mailing Address 2477 Valley Oaks Circle

City Flint State MI Zip Code 48532

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674862

Amount of Each Receipt this Period

105.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Leonard Martin, CSA

Mailing Address 98 Tennyson Rd

City Warwick State RI Zip Code 02888

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1673805

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

705.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Carl James Maus, LUTCF

Mailing Address 432 Fort Saratoga

City State Zip Code
 Saint Charles MO 63303-1766

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674822

Amount of Each Receipt this Period

50.40

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Dennis R. Merideth, CLU, ChFC

Mailing Address 6210 N. Camino Pimeria Alta

City State Zip Code
 Tucson AZ 85718

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674033

Amount of Each Receipt this Period

66.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. David A. Middaugh, CLU, AEP

Mailing Address 3273 Evergreen Road

City State Zip Code
 Fargo ND 58102-1214

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674820

Amount of Each Receipt this Period

126.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

242.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 55

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Richard J. Miller, ChFC, CLU

Mailing Address 2628 Rycroft

City State Zip Code
 Chesterfield MO 63017

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 7

Transaction ID: R1675138

Amount of Each Receipt this Period

500.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. James E. Mitchell, LUTCF, CTP

Mailing Address 2209 Ontario

City State Zip Code
 Bellingham WA 98229-4027

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1672451

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Martin Montefel, CLU

Mailing Address 16932 SW 5th Way

City State Zip Code
 Weston FL 33326-1564

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674448

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

610.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 55

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Martin Montefel, CLU
Mailing Address 16932 SW 5th Way

City State Zip Code
Weston FL 33326-1564

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: R1675485

Amount of Each Receipt this Period

50.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Robert J. Morales, LUTCF, CLT
Mailing Address 1125 Wyoming Avenue

City State Zip Code
Reno NV 89503-3342

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1672338

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr Joseph L. Morton, III, JD
Mailing Address 5487 N. Bach

City State Zip Code
Meridian ID 83642

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1671343

Amount of Each Receipt this Period

126.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

236.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 30 / 55

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Warren K. Nelson, MA, LUTCF

Mailing Address 575 Lincoln Ave Suite 215

City State Zip Code
 Napa CA 94558-3631

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 9 / 2 0 0 7

Transaction ID: R1675012

Amount of Each Receipt this Period

500.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Mr. Frank R. Nolimal, CLU, ChFC,

Mailing Address 2017 Grafton Ave

City State Zip Code
 Henderson NV 89014

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674734

Amount of Each Receipt this Period

60.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Brian E. O'Brien, CLU, ChFC, L

Mailing Address 1651 Wolf Run Dr.

City State Zip Code
 Richfield WI 53076

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1671964

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 55

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. William T. O'Donnell, MSFS

Mailing Address 1225 Somerset

City

Glenview

State

IL

Zip Code

60025-3152

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: R1675056

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. James W. Oglesby, LUTCF

Mailing Address P. O. Box 7156

City

Asheville

State

NC

Zip Code

28802-7156

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674649

Amount of Each Receipt this Period

143.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Martin F. Palumbos, CLU, ChFC,

Mailing Address 87 Parkside Lane

City

Rochester

State

NY

Zip Code

14612-3231

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: R1675330

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

643.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Joseph S. Pantozzi, CLU, ChFC

Mailing Address PO Box 95063

City State Zip Code
 Las Vegas NV 89193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674412

Amount of Each Receipt this Period

60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Albert W. Papa, CLU, ChFC

Mailing Address 417 Baldwin

City State Zip Code
 Birmingham MI 48009-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 2 / 2 0 0 7

Transaction ID: R1675027

Amount of Each Receipt this Period

600.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Barton C. Pasco, CLU, ChFC,

Mailing Address 309 Running Cedar Lane

City State Zip Code
 Richmond VA 23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674478

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Steven G. Pfannenstiel

Mailing Address 6516 S Killarney Ct

City State Zip Code
Aurora CO 80016-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: R1675321

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Brian R. Phares, LIC, RFC

Mailing Address 1420 Hackberry Road

City State Zip Code
North Platte NE 69101-6841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674814

Amount of Each Receipt this Period

47.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. R. Jan Pinney, CLU, ChFC,

Mailing Address 5152 Ellington Court

City State Zip Code
Granite Bay CA 95746-7188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1673888

Amount of Each Receipt this Period

208.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

505.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Henry L Prien, CLU, LUTCF
Mailing Address 415 38th St S Ste E

City State Zip Code
 Fargo ND 58103-1190

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.80

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674703

Amount of Each Receipt this Period

50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. August P. Richter, IV, LUTCF,
Mailing Address 401 Wild Oak Drive

City State Zip Code
 Manitowoc WI 54220-9054

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1672035

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Robert M. Roach, CLU, ChFC
Mailing Address 1287 Harrison Pond Drive

City State Zip Code
 New Albany OH 43054

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674118

Amount of Each Receipt this Period

117.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

218.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Daniel L. Rust, LUTC

Mailing Address 114 W. Arnold

City State Zip Code
 Bozeman MT 59715-6129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1673924

Amount of Each Receipt this Period

60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Daniel J. Scholz, CLU, ChFC

Mailing Address 1510 So. 183 Circle

City State Zip Code
 Omaha NE 68130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674661

Amount of Each Receipt this Period

62.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Walter J. Scott, CLU

Mailing Address 1022 WASHINGTON AVE.

City State Zip Code
 OSHKOSH WI 54901-5354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674061

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

172.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James John Silbernagel, LUTCF, CFP

Mailing Address W 2329 Capital Drive

City State Zip Code
 Campbellsport WI 53010-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1672565

Amount of Each Receipt this Period

60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Ken Simons, CLU, ChFC,

Mailing Address 808 Thoroughbred Lane

City State Zip Code
 Artesia NM 88210-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.40

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674155

Amount of Each Receipt this Period

50.10

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. H. Dan Smith, CLU, LUTCF

Mailing Address 1616 Rio Vista

City State Zip Code
 Dallas TX 75208-2338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1673929

Amount of Each Receipt this Period

210.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

320.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Russell A. Smith

Mailing Address 22928 San Joaquin Drive East

City State Zip Code
Canyon Lake CA 92587-7831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1673953

Amount of Each Receipt this Period

208.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. David E. Smithkey, CLU, RFC

Mailing Address 9451 Heddy Drive

City State Zip Code
Flushing MI 48433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1673975

Amount of Each Receipt this Period

208.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Nicholas John Stosic

Mailing Address 9820 Dixon Lane

City State Zip Code
Reno NV 89511-9455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674573

Amount of Each Receipt this Period

126.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

542.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 55

(check only one)

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David L. Stratton, CLU, ChFC,

Mailing Address 13115 Beach Cir.

City

Anchorage

State

AK

Zip Code

99515-3748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674433

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Steven M. Stratton, LUTCF, CSA

Mailing Address 17131 Parkview Dr

City

Morgan Hill

State

CA

Zip Code

95037-6606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1672316

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Robert A. Styrkiewicz, CLU, LUTCF

Mailing Address 25 Monterey Drive

City

Vernon Hills

State

IL

Zip Code

60061-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1672480

Amount of Each Receipt this Period

56.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

266.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 39 / 55

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Richard H. Sullenger

Mailing Address 3014 20th Street

City State Zip Code
Bakersfield CA 93301-3127

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: R1675013

Amount of Each Receipt this Period

500.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. Dennis P. Sunderman, CSA

Mailing Address 2325 Jeans Ct

City State Zip Code
Signal Hill CA 90755

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1672201

Amount of Each Receipt this Period

105.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Christopher J. Taggart

Mailing Address P.O. Box 2936

City State Zip Code
Cody WY 82414-2936

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 7

Transaction ID: R1675474

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

855.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 55

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Matthew S. Tassey

Mailing Address 5 Reggio Ave.

City State Zip Code
 Old Orchard Beach ME 04064-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674917

Amount of Each Receipt this Period

72.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Brad Tison, CLU, ChFC,

Mailing Address 3216 Southern Woods Drive

City State Zip Code
 Des Moines IA 50321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1671835

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Matthew C. Weider, CLU, ChFC

Mailing Address 6855 Compton Heights Circle

City State Zip Code
 Clifton VA 20124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: R1671591

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

172.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Daniel J. Wells, LUTCF

Mailing Address 18830 Los Hermanos Ranch Rd

City State Zip Code
Valley Center CA 92082-6808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1672362

Amount of Each Receipt this Period

45.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Robert J. Wernecke, CLU

Mailing Address 10456 North 134th Way

City State Zip Code
Scottsdale AZ 85259

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 7

Transaction ID: R1675032

Amount of Each Receipt this Period

600.00

Check

Full Name (Last, First, Middle Initial)

C. Mr. Lester E. Westgard, CLU

Mailing Address 2714 26th Ave SW

City State Zip Code
Fargo ND 58103-5006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1671951

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

705.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Boyd Lee Williams
Mailing Address 7023 W. Williamette Ave

City State Zip Code
Kennewick WA 99336-1280

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1672277

Amount of Each Receipt this Period

105.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Cliff F. Wilson, CLU, ChFC,
Mailing Address 1458 W. Bahia Court

City State Zip Code
Gilbert AZ 85233

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1671806

Amount of Each Receipt this Period

126.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Larry J. Winkelhake, CLU, ChFC
Mailing Address 18600 Longview Ct

City State Zip Code
Brookfield WI 53045

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: R1674042

Amount of Each Receipt this Period

90.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

321.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Peter J. Worth			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 7	
Mailing Address 845 United Nations Plaza # 65A			Transaction ID: R1674970	
City State Zip Code New York NY 10017		Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Check		
Name of Employer Self-employed		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Mr. Edward A. Zabielski, Jr.			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7	
Mailing Address 104 Clay Ct.			Transaction ID: R1674891	
City State Zip Code Landenberg PA 19350		Amount of Each Receipt this Period 105.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction		
Name of Employer Self-employed		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00		

SUBTOTAL of Receipts This Page (optional)

605.00

TOTAL This Period (last page this line number only)

18093.95

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. First Union Bank

Mailing Address One First Union Center

City Charlotte State NC Zip Code 28288-1164

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D9311

Date of Disbursement

/ /

Amount of Each Disbursement this Period

538.52

SUBTOTAL of Disbursements This Page (optional)

538.52

TOTAL This Period (last page this line number only)

538.52

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 / 55

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chabot for Congress

Mailing Address 105 West Fourth Street, Room 1133

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement
Contr. Steve Chabot (OH-1-R-US House)

Candidate Name
Steve Chabot

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 01

Transaction ID: D9274

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Citizens for Action

Mailing Address PO Box 1535

City Wilkes-Barre State PA Zip Code 18703

Purpose of Disbursement
Contr. Citizens for Action PAC (PAC to

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual

Transaction ID: D9285

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC)

Full Name (Last, First, Middle Initial)

C. Committee to Elect Artur Davis to Congress

Mailing Address P.O. Box 1845

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
Contr. Artur Davis (AL-7-D-US House)

Candidate Name
Artur Davis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 07

Transaction ID: D9262

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 / 55

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee to Elect Lincoln Davis

Mailing Address PO Box 350

City Jamestown State TN Zip Code 38556

Purpose of Disbursement
Contr. Lincoln Davis (TN-4-D-US House)

Candidate Name
Lincoln Davis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 04

Transaction ID: D9283

Date of Disbursement

04 / 24 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
Contr. Bart Gordon (TN-6-D-US House)

Candidate Name
Bart Gordon

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: D9284

Date of Disbursement

04 / 25 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Dave Reichert

Mailing Address P.O. Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement
Contr. David George Reichert (WA-8-R-US)

Candidate Name
David George Reichert

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 08

Transaction ID: D9278

Date of Disbursement

04 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

House)

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 / 55

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Senator Rockefeller

Mailing Address PO Box 1909

City
Charleston

State
WV

Zip Code
25327

Purpose of Disbursement
Contr. John D. Rockefeller, IV (WV-D-US)

Candidate Name
John D. Rockefeller, IV

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District:

Transaction ID: D9263

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Senate)

Full Name (Last, First, Middle Initial)

B. Geoff Davis for Congress

Mailing Address 3161 Dixie Highway
Suite F

City
Erlanger

State
KY

Zip Code
41018

Purpose of Disbursement
Contr. Geoffrey Davis (KY-4-R-US House)

Candidate Name
Geoffrey Davis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: D9265

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Grassley Committee

Mailing Address PO Box 1000

City
Des Moines

State
IA

Zip Code
50304

Purpose of Disbursement
Contr. Charles E. Grassley (IA-R-US)

Candidate Name
Charles E. Grassley

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District:

Transaction ID: D9257

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Senate)

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 / 55

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hayes for Congress

Mailing Address Post Office Box 2000

City State Zip Code
Concord NC 28026

Purpose of Disbursement
Contr. Robin C. Hayes (NC-8-R-US House)

Candidate Name
Robin C. Hayes

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 08

Transaction ID: D9275

Date of Disbursement

04 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Heath Shuler for Congress

Mailing Address PO Box 8446

City State Zip Code
Asheville NC 28814

Purpose of Disbursement
Contr. Heath Shuler (NC-11-D-US House)

Candidate Name
Heath Shuler

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: D9272

Date of Disbursement

04 / 24 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Heather Wilson for Congress

Mailing Address P.O. Box 14070

City State Zip Code
Albuquerque NM 87191

Purpose of Disbursement
Contr. Heather A. Wilson (NM-1-R-US)

Candidate Name
Heather A. Wilson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 01

Transaction ID: D9279

Date of Disbursement

04 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

House)

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 / 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jim Gerlach for Congress Committee

Mailing Address 911 Welsh Ayres Way

City Downingtown State PA Zip Code 19335

Purpose of Disbursement
Contr. James W. Gerlach (PA-6-R-US)Candidate Name
James W. GerlachCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: D9276

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	7	

Amount of Each Disbursement this Period

2000.00

House)

Full Name (Last, First, Middle Initial)

B. John Sarbanes for Congress

Mailing Address PO Box 6854

City Towson State MD Zip Code 21285

Purpose of Disbursement
Returned Check #11919 dated 10/18/2006Candidate Name
John P. SarbanesCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 03

Transaction ID: D9255

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	7	

Amount of Each Disbursement this Period

-2500.00

for John P. Sarbanes (MD-3-D).

Full Name (Last, First, Middle Initial)

C. Knollenberg for Congress

Mailing Address 30701 Woodward Avenue, Suite 300

City Royal Oak State MI Zip Code 48073

Purpose of Disbursement
Contr. Joe Knollenberg (MI-9-R-US House)Candidate Name
Joe KnollenbergCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 09

Transaction ID: D9277

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	7	

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 / 55

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Pryor for US Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Contr. Mark L. Pryor (AR-D-US Senate)

Candidate Name
Mark L. Pryor

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District:

Transaction ID: D9256

Date of Disbursement

04 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. McHenry for Congress

Mailing Address P.O. Box 360

City Cherryville State NC Zip Code 28021

Purpose of Disbursement
Contr. Patrick T. McHenry (NC-10-R-US)

Candidate Name
Patrick T. McHenry

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 10

Transaction ID: D9258

Date of Disbursement

04 / 12 / 2007

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

C. Pryce for Congress

Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contr. Deborah Pryce (OH-15-R-US House)

Candidate Name
Deborah Pryce

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: D9267

Date of Disbursement

04 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 / 55

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pryce for Congress

Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contr. Deborah Pryce (OH-15-R-US House)

Candidate Name
Deborah Pryce

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: D9282

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Rodney Alexander for Congress

Mailing Address PO Box 367
319 Nancy Road

City Quitman State LA Zip Code 71268

Purpose of Disbursement
Contr. Rodney Alexander (LA-5-R-US)

Candidate Name
Rodney Alexander

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 05

Transaction ID: D9253

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

C. Roskam for Congress Committee

Mailing Address 423 W. Wesley Street

City Wheaton State IL Zip Code 60189

Purpose of Disbursement
Contr. Peter Roskam (IL-6-R-US House)

Candidate Name
Peter Roskam

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: D9280

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 / 55

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Team Sununu

Mailing Address PO Box 500

City Rye State NH Zip Code 03870

Purpose of Disbursement
Contr. John E. Sununu (NH-R-US Senate)

Candidate Name
John E. Sununu

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District:

Transaction ID: D9254

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. The Freedom Project

Mailing Address 111 C Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contr. Freedom Project (PAC to PAC)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual

Transaction ID: D9266

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Vern Buchanan for Congress

Mailing Address PO Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
Contr. Vern Buchanan (FL-13-R-US House)

Candidate Name
Vern Buchanan

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 13

Transaction ID: D9273

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 / 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Westmoreland for Congress

Mailing Address P.O. Box 458

City
Sharpsburg

State
GA

Zip Code
30277

Purpose of Disbursement
Contr. Lynn A. Westmoreland (GA-3-R-US)

Candidate Name
Lynn A. Westmoreland

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 03

Transaction ID: D9259

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	0	7

Amount of Each Disbursement this Period

1000.00

House)

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

43000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 / 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Lanette Y. Crittenden

Mailing Address Post Office Box 9183

City
Longview

State
TX

Zip Code
75608

Purpose of Disbursement
Refund to Individual

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D9264

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.00

Full Name (Last, First, Middle Initial)

B. Mr. Donald O. Hawkes

Mailing Address 4001 Bitternut Trail

City
Greensboro

State
NC

Zip Code
27410-2987

Purpose of Disbursement
Refund to Individual

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D9286

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1034.00

TOTAL This Period (last page this line number only)

1034.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 55 / 55

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NAIFA

Nature of Debt (Purpose):

Payroll, Benefits, Supplies, Copies, etc

Mailing Address 2901 Telestar Court

City State

Falls Church VA

ZIP Code

22042-1205

Outstanding Balance Beginning This Period

34814.69

Transaction ID: DD#7711

Amount Incurred This Period

26798.38

Payment This Period

0.00

Outstanding Balance at Close of This Period

61613.07

1) **SUBTOTALS** This Period This Page (optional).....

61613.07

2) **TOTALS** This Period (last page this line number only).....

61613.07

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only)